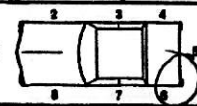
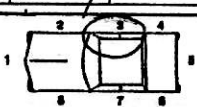
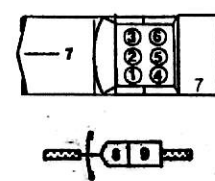


## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO <b>116-659</b>		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		<b>Lebanon Police</b>		<b>0830300</b>		ODHS USE ONLY - DO NOT MARK ABOVE									
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED <b>2</b>		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input checked="" type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED							
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY <b>LEBANON</b>				DATE OF CRASH <b>11/6/16</b>		DAY <b>TUE</b>		TIME <b>11030</b>					
CRASH OCCURRED ON <b>300 E. Silver St.</b>				WITHIN THE INTERSECTION OF <b>One Stop</b>													
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO)								CITY CODE					
LOG-1		LOG-2		LOC		JUR		FH3		FILT							
A UNIT NO. <b>1</b>		NO OF OCCUPANTS <b>1</b>		<input checked="" type="checkbox"/> OPERATING <input type="checkbox"/> PARKED		<input type="checkbox"/> DRIVERLESS		<input checked="" type="checkbox"/> HIT & RUN		<input type="checkbox"/> NON-CONTACT		INSURANCE CO OR AGENT <b>Safe Auto</b>					
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) <b>Money, Alvin</b>				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>406 E. Main St. B. Lebanon OH</b>													
PHONE NO <b>513-265-8394</b>		BIRTH DATE <b>9/21/53</b>		AGE <b>62</b>		SEX <b>M</b>		SOCIAL SECURITY NO		STATE <b>OH</b>		DRIVER'S LICENSE NO <b>RG736671</b>					
OWNER (IF SAME AS DRIVER, WRITE SAME) <b>Same</b>				ADDRESS								PHONE					
VEH YR <b>99</b>		MAKE <b>Ford</b>		MODEL <b>TK</b>		COLOR <b>Red</b>		STYLE		STATE <b>OH</b>		LICENSE PLATE NO <b>GDR 7545</b>					
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE							
8 UNIT NO. <b>2</b>		NO OF OCCUPANTS <b>0</b>		<input type="checkbox"/> OPERATING <input checked="" type="checkbox"/> PARKED		<input type="checkbox"/> DRIVERLESS		<input type="checkbox"/> HIT & RUN		<input type="checkbox"/> NON-CONTACT		INSURANCE CO OR AGENT <b>Liberty Mutual</b>					
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) <b>Billman Living Family Trust</b>				ADDRESS <b>4957 Streamside Ct. Hamilton OH</b>													
PHONE NO		BIRTH DATE		AGE		SEX		SOCIAL SECURITY NO		STATE		DRIVER'S LICENSE NO					
OWNER (IF SAME AS DRIVER, WRITE SAME) <b>Billman Living Family Trust</b>				ADDRESS <b>4957 Streamside Ct. Hamilton OH</b>								PHONE <b>513-382-6373</b>					
VEH YR <b>10</b>		MAKE <b>Toyota</b>		MODEL <b>45</b>		COLOR <b>White</b>		STYLE		STATE		LICENSE PLATE NO					
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE							
C FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTH DATE		AGE		POSITION				INJURIES			
		ADDRESS				PHONE		SEX		A B C D E F				A B C D E F			
D FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTH DATE		AGE						I FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED			
		ADDRESS				PHONE		SEX						CONDITION			
		NAME (LAST, FIRST, MI)				BIRTH DATE		AGE						A B C D E F			
E FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTH DATE		AGE		P-PEDESTRIAN				I APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN			
		ADDRESS				PHONE		SEX		RESTRAINTS				ALCOHOL			
		NAME (LAST, FIRST, MI)				BIRTH DATE		AGE		A B C D E F				A B C D E F			
A B C		INJURED TAKEN TO				By				A B C D E F				A B C D E F			
D E F		INJURED TAKEN TO				By				A B C D E F				A B C D E F			
A B C		OFFENSE CHARGED AND DESCRIPTION				A B C D E F				A B C D E F				A B C D E F			
D E F		OFFENSE CHARGED AND DESCRIPTION				A B C D E F				A B C D E F				A B C D E F			
A B C		OFFENSE CHARGED AND DESCRIPTION				A B C D E F				A B C D E F				A B C D E F			
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D E F		OFFENSE CHARGED AND DESCRIPTION				A B C D E F				A B C D E F				A B C D E F			
A B C		OFFENSE CHARGED AND DESCRIPTION				A B C D E F				A B C D E F				A B C D E F			
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A B C		OFFENSE CHARGED AND DESCRIPTION				A B C D E F				A B C D E F				A B C D E F			
D E F		OFFENSE CHARGED AND DESCRIPTION				A B C D E F				A B C D E F				A B C D E F			
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D E F		OFFENSE CHARGED AND DESCRIPTION				A B C D E F				A B C D E F				A B C D E F			
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D E F		OFFENSE CHARGED AND DESCRIPTION				A B C D E F				A B C D E F				A B C D E F			
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D E F		OFFENSE CHARGED AND DESCRIPTION				A B C D E F				A B C D E F				A B C D E F			
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D E F		OFFENSE CHARGED AND DESCRIPTION				A B C D E F				A B C D E F				A B C D E F			
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D E F		OFFENSE CHARGED AND DESCRIPTION				A B C D E F				A B C D E F				A B C D E F			
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D E F		OFFENSE CHARGED AND DESCRIPTION				A B C D E F				A B C D E F				A B C D E F			
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